Form **8871**

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

	t of the Treasury venue Service				
Part I					
1 Na	me of organization		1900 to the Control of the Control o	Employer identification number	
	merican Insurance Associati			68 0145235	
98	ailing address (P.O. Box or numbe 30 9th Street, Suite 2060	r, street, and room or s	suite number)	ACASSES 10-11	
Sa	y or town, state, and ZIP code acramento, CA 95814	244			
	E-mail address of organization bzawkiewicz@we.aiadc.org				
4a Na	Name of custodian of records		4b Custodian's address 980 9th Street, Suite 2060, Sacramento, CA 95814		
Ma	ark Webb				
5a Na	Name of contact person		5b Contact person's address 980 9th Street, Suite 2060, Sacramento, CA 95814		
M	ark Webb			,	
6 Bu	isiness address of organization (if	different from mailing a	address shown above). Number, street, and	room or suite number	
Cit	ty or town, state, and ZIP code				
Part I	Purpose			<u> </u>	
7 De	Describe the purpose of the organization				
To	o support or oppose candida	te			
Part I	I List of All Related E	ntities (see instruc	tions)		
	ame of related entity	8b Relationship	8c Address		
American Insurance Assn.		Sponsor	1130 Connecticut Avenue		
			Washington, DC 20036		
				IN-CORRE	
			JUL	2 8 2000	
			OGDE	y, HAH	

Name	9b Title	hly Compensated Employees (see instructions) 9c Address
k Webb	Treasurer	980 9th Street, Suite 2060
		Sacramento, CA 95814
-		
<u></u>		
Under penalties of perjunction Revenue Code, and that it is true, correct, and content and	ury, I declare that the organization na t I have examined this notice, includit complete.	amed in Part I is to be treated as an organization described in section 527 of the ng accompanying schedules and statements, and to the best of my knowledge and
	le A. Web	

Sign Here



Form **8871** (7-2000)